these neuronal circuits are long lasting and some of these persist months after drug discontinuation.  

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CORRECTIONS

Incorrect Data in Text and Table: In the Original Contribution titled “Low-Dose Aspirin for Primary Prevention of Atherosclerotic Events in Patients With Type 2 Diabetes: A Randomized Controlled Trial,” published in the November 12, 2008, issue of JAMA (2008;300[18]:2134-2141), incorrect numbers of adverse events appeared in the text and in 1 table. On page 2137 in the last paragraph, the second sentence should have read, “The hemorrhagic events consisted of GI bleeding in 12 patients in the aspirin group and 4 in the nonaspirin group and retinal hemorrhage in 8 patients in the aspirin group and 5 in the nonaspirin group.” In Table 3 on page 2139, the data for the Nonaspirin Group in the row Retinal bleeding should have been 5 and in the row Subcutaneous hemorrhage should have been 1.

Omission of Disclaimer: In the Original Contribution titled “Access to Kidney Transplantation Among Remote and Rural-Dwelling Patients With Kidney Failure in the United States” published in the April 22/29, 2009, issue of JAMA (2009;301[16]:1681-1690), a disclaimer was omitted. The disclaimer should read, “The data reported herein have been supplied by the US Renal Data System. The interpretation and reporting of these data are the responsibility of the authors and in no way should be seen as official policy or interpretation of the US government.” This article was corrected online for errors in data on April 21, 2009, prior to publication of the correction in print.